STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911669	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD VILLAGE RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7830 PINE FOREST ROAD** **PENSACOLA, FL 32526**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced abbreviated biennial survey with extended congregate care was conducted in conjunction with a generator assessment at Homestead Village Retirement Community, state license #7708 on 10/31/18. No deficient practice was found at the time of the survey.